normal. During the attack and for some weeks after, the patient suffered from severe thirst, and had almost constant polyuria. The urine was of low specific gravity, and contained a trace of albumin. d'Astros calls attention to the absence of any unilaterality of the pain, and suggests in explanation of the symptoms some disturbance of the arteries supplying the common motor-ocular nucleus. These arteries arise from the posterior cerebral, just below the front of the third nerve, and then pass into the cerebral peduncle to be distributed to the nucleus, forming an independent system. He assumes that the pathology of the condition is of the nature of an anemic infarct. SAILER.

137. L'ŒIL TABETIQUE (The Eye in Tabes). **Gilles de la Tourrette** (**Soc. Med. des Hopitaux, 24 Feb. 1899**).

The ocular manifestations of tabes are very numerous. They involve the retina, the external musculature, and even the lachrymal apparatus. Although so well known and so frequently described, the author thinks that he has discovered a new one. According to his experience, it is of sufficient value to have frequently enabled him, on mere inspection of a patient who presented no ataxic symptoms whatever, to make a diagnosis before going into the history. This sign consists in a very peculiar aspect of the eye, and is not to be confounded with simple myosis, which, when of punctiform character and situated on blue irides, always suggests tabes. In this class of patients the eye is brilliant, but expressionless; "the eye bright, but the gaze blank," is the author's way of describing the condition. This appearance is quite independent of the condition of the pupils, which is unvarying, and is especially easy of recognition in irides of a dark color. JELLIFFE.

138. SUR UN CAS D'HÉMATOMYÉLIE OBSERVÉ CHEZ UN NOUVEAU-NÉ (A Case of Hematomyelia in a New-born). D'Herbécourt (Journal de Medicine de Paris, 10, 1898, p. 314).

An infant delivered at term by forceps and with difficulty through a contracted pelvis was apparently dead, but by means of mouth-to-mouth respiration and tractions on the tongue was finally resuscitated. It was then discovered that there was no respiratory movement whatever on the right side of the chest. The child lived two and a half hours, and a careful dissection could discover no trace of traumatism affecting the structures of neck or thorax. Examination of the central nervous system revealed only hemorrhages in the cervical region of the cord, and at one point in this region a vessel showing endoperiarteritis. The hemorrhages made practically one continuous effusion about 6 mm. in vertical extent, and located at the base of the anterior horns.

The observation is of some interest in connection with similar findings by Schulze, and with the possible relation of hematomyelia to syringomyelia, asserted by this author and by Minor. PATRICK.

139. UEBER DIE FOLGEN DER SPINALEN KINDERLÄHMUNG AUF DIE HÖHER GELEGENEN NERVENCENTREN (Concerning the Effects of Infantile Spinal Paralysis on the upper Nerves Centers). M. Probst (Wiener klin. Wochenschrift, 30, 1898, p. 729).

The examination of the brains from persons whose limbs have been amputated has given most contradictory results in the attempt to locate the motor cortical centers by this means. The study of the spinal cord has been far more satisfactory. Gowers examined the brain of a man with congenital atrophy of the left hand, and found the middle of the right posterior central gyrus smaller than the corresponding gyrus on the left side. Microscopically, however, no anomaly could be seen. Edinger examined the nervous system of a man with congenital absence of the left hand and of a large part of the left forearm; the right central gyri were small, but appeared normal when studied microscopically.

Probst reports a case in which infantile spinal paralysis occurred at the fourth year of life, and resulted in atrophy of the left upper and the right lower limb. The man died at the age of 68. The anatomical findings in the spinal cord were similar to those reported by others in this disease.

Only three cases of anterior poliomyelitis of childhood in which the condition of the brain has been studied have been reported (Sanders, Rumpf, Colella). In these three cases, as well as in Probst's, atrophy of certain parts of the brain was found. Sanders found atrophy of the central gyri and of the paracentral lobe of one side. Rumpf also found atrophy of the central gyri of one side, and in both these cases the atrophy was on the side of the brain opposite to the affected limbs. In Colella's patient the right leg was paralyzed, and both left central gyri, the left paracentral lobule, the uppermost part of the right anterior central gyrus, and the anterior part of the right paracentral lobule were atrophied. In Probst's case the cental gyri of both sides, on the right side especially the upper part, were atrophied, and the left marginal and angular gyri were less distinct.

Sanders and Rumpf found no microscopical anomalies in the atrophied gyri, but Colella noted diminution in the number of nerve cells and fibers. In Probst's case the cortex was only half as thick as normal, the nerve cells were small, the white matter within the affected gyri was diminished in amount, and the neuroglia was somewhat proliferated. The internal capsule in the location of the pyramidal tract was small in the cases of Rumpf, Colella and Probst, and the fibers here were of small caliber. Probst, like the earlier writers, noticed that the pyramidal tract was atrophied throughout its course, and in his case both lateral motor tracts in the cord were small.

These findings seem to indicate that the central motor neurons do not develop normally when the peripheral neurons are destroyed early in childhood, but the existence of atrophy of the central neurons following injury of the peripheral in adult age remains to be demonstrated.

SPILLER.

140. A CASE OF PROTRACTED SLEEP EXTENDING OVER FIFTY DAYS. Skerrit and Stewart (Brit. Med Jour, No. 1970, p, 957).

A young man of 17 years, after severe study with insufficient sleep, complained for a period of six weeks of feeling tired on slight exertion, and then developed an overpowering drowsiness, which rapidly increased to profound and continuous somnolence. For ten days every effort was made to keep him awake, without success, and thereafter attention was directed merely to the prevention of body waste. There was nothing suggestive of catalepsy, there was no anesthesia, and his general appearance was good. He lay in a calm, placid sleep uniformly, and when roused to take liquid nourishment (every four hours) he would speak, in reply to direct questions, very much as one does who talks in his sleep. It would sometimes take ten minutes or a quarter of an hour to rouse him sufficiently to prevent his being choked in the attempt to get down the egg and milk, or beef-tea, or other nourishment. Indeed, he would frequently drop off to sleep while in the act of putting the cup between his lips. The sleep was never a "profound" one, and when the calls of Nature demanded his attention there was an obvious desire to respond to them; but he would frequently drop off to sleep again before he could be assisted and the inclination to evacuate his bowels or bladder would then disappear. Gradually this partial response ceased and he passed in bed his mo-